



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HA'GA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LIHI

ARTHUR U. SAN AGUSTIN, MHR
DIRECTOR

LAURENT SF DUEÑAS, MPH, BSN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

Date: 6/11/21

SPRING CHINESE KITCHEN II
Name of Establishment

As a result of this inspection your establishment received a:

☐ LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☒ NOTICE OF CLOSURE

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 300-9579 or (fax) 300-9577. Si Yu'us Ma'ase.

Sincerely,

ARTHUR U. SAN AGUSTIN, MHR
FOR Director

Issued By: S. Cruz / E. Samir
Name of EPHIO

Received By:
Establishment Representative

Department of Public Health & Social Services
155 Hesler Pl. Hagatna GU 96910
www.dphss.guam.gov

Revised 03/03/2021

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 1 of 7

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	42	6/11/2021	SPRING CHINESE KITCHEN II
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	2:00 PM	5:45 PM
Investigation				SANITARY PERMIT NO.	PERMIT HOLDER
Other:				205702712	SPRING CHINESE KITCHEN INC
ESTABLISHMENT TYPE				AREA	TELEPHONE
RESTAURANT				1	6535472
				No. of Risk Factor/Intervention Violations	4
				No. of Repeat Risk Factor/Intervention Violations	3
				LOCATION (Address)	298 CHALAN PALE RAMON HAYA YGO 64

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. PTS = Demerit points

IN = In compliance OUT = Not in compliance N/A = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Supervision			
1 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Person in charge present, demonstrates knowledge, and performance duties			
Employee Health			
2 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Management awareness; policy present			
3 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Proper eating, tasting, drinking, betelnut, or tobacco use			
5 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Hands clean and properly washed			
7 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Source			
9 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Food obtained from approved source			
10 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Food received at proper temperature			
11 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Food in good condition, safe, and unadulterated			
12 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A			6
Food separated and protected			
14 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A			6
Food contact surfaces: cleaned & sanitized			
15 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			

Compliance Status	COS	R	PTS
Potentially Hazardous Food (TCS Food)			
16 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Proper cooking time and temperatures			
17 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Proper reheating procedures for hot holding			
18 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Proper cooling time and temperature			
19 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Proper hot holding temperatures			
20 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A			6
Proper cold holding temperatures			
21 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A N/A			6
Proper date marking and disposition			
Consumer Advisory			
22 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A			6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A			6
Pasteurized Foods used, prohibited foods not offered			
Chemical			
24 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A			6
Food additives: approved and properly used			
25 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A			6
Compliance with variance, specialized process, and HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Safe Food and Water			
27 <input checked="" type="checkbox"/>			1
Pasteurized eggs used where required			
28 <input checked="" type="checkbox"/>			2
Water and ice from approved source			
29 <input checked="" type="checkbox"/>			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30 <input checked="" type="checkbox"/>			1
Proper cooling methods used; adequate equipment for temperature control			
31 <input checked="" type="checkbox"/>			1
Plant food properly cooked for hot holding			
32 <input checked="" type="checkbox"/>			1
Approved thawing methods used			
33 <input checked="" type="checkbox"/>			1
Thermometer provided and accurate			
Food Identification			
34 <input checked="" type="checkbox"/>			1
Food properly labeled; original container			
Prevention of Food Contamination			
35 <input checked="" type="checkbox"/>			2
Insects, rodents, and animals not present			
36 <input checked="" type="checkbox"/>			1
Contamination prevented during food preparation, storage & display			
37 <input checked="" type="checkbox"/>			1
Personal cleanliness			
38 <input checked="" type="checkbox"/>			1
Wiping cloths: properly used and stored			
39 <input checked="" type="checkbox"/>			1
Washing fruits and vegetables			

Compliance Status	COS	R	PTS
Proper Use of Utensils			
40 <input checked="" type="checkbox"/>			1
In-use utensils: properly stored			
41 <input checked="" type="checkbox"/>			1
Utensils, equipment and linens: properly stored, dried, handled			
42 <input checked="" type="checkbox"/>			-1
Single-use/single-service articles: properly stored, used			
43 <input checked="" type="checkbox"/>			1
Gloves used properly			
Utensils, Equipment and Vending			
44 <input checked="" type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45 <input checked="" type="checkbox"/>			1
Warewashing facilities: installed, maintained, used; test strips			
46 <input checked="" type="checkbox"/>			1
Nonfood-contact surfaces clean			
Physical Facilities			
47 <input checked="" type="checkbox"/>			2
Hot & cold water available, adequate pressure			
48 <input checked="" type="checkbox"/>			2
Plumbing installed; proper backflow devices			
49 <input checked="" type="checkbox"/>			2
Sewage and wastewater properly disposed			
50 <input checked="" type="checkbox"/>			2
Toilet facilities: properly constructed, supplied, & cleaned			
51 <input checked="" type="checkbox"/>			2
Garbage/refuse properly disposed, facilities maintained			
52 <input checked="" type="checkbox"/>			1
Physical facilities installed, maintained, and clean			
53 <input checked="" type="checkbox"/>			1
Adequate ventilation and lighting, designated areas use			

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person In Charge (Print and Sign)	Date:
PETER HANGELIN	06-11-2021
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO
T. SHIMIZU	N/A

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 27 of 7

ESTABLISHMENT NAME <u>SPRING CHINESE KITCHEN II</u>		LOCATION (Address) <u>SEE PAGE 1</u>
INSPECTION DATE <u>6/11/2021</u>	SANITARY PERMIT NO. <u>200702712</u>	PERMIT HOLDER <u>SEE PAGE 1</u>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
RAW FISH / UPRIGHT CHILLER	49 F		
RAW EGGS / UPRIGHT CHILLER	50 F		
COOKED FRIED CHICKEN / CHILLER	47 F		
RAW PORK RIBS / CHILLER	45 F		
RAW BATTERED CHICKEN / CHILLER	51 F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED IN RESPONSE TO COMPLAINT 21-034B REGARDING "FOOD SMELLED LIKE ROACHES". ROACH ACTIVITY WAS OBSERVED. PREVIOUS INSPECTION ON 9/23/2020 RESULTED IN G/A.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED.	
8.	SPLASH GUARD AT HANDWASH SINK IN SERVICE AREA NOT INSTALLED. HANDWASH SINK IN FEMALE RESTROOM NOT SUPPLIED WITH HOT WATER. NO "EMPLOYEE HANDWASHING SIGNS" AT ANY HANDWASH SINKS PROVIDED. ADEQUATE HANDWASHING SINKS SHALL BE PROVIDED AND PROPERLY SUPPLIED W/ HOT WATER, SOAP, CLEAN TOWELS/HAND DRYER, SIGNAGE AND MUST BE ACCESSIBLE TO ENCOURAGE PROPER HAND WASHING AND PREVENT CROSS-CONTAMINATION.	N/A
13.	MULTIPLE POTENTIALLY HAZARDOUS FOOD (PHF)/TIME/TEMP CONTROL FOR SAFETY FOODS (TCS) FOODS IMPROPERLY STORED INSIDE CHILLER. NOT PREVENTING CROSS CONTAMINATION. DEAD ROACH ALSO FOUND INSIDE CHILLER. ALL PHF/TCS FOODS SHALL BE STORED/PROTECTED FROM PREVENT CROSS CONTAMINATION.	N/A

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <u>PETER PANGELIN</u>	Date: <u>06/11/21</u>
DEH Inspector (Print and Sign) <u>J. CAULIER</u>	Date: <u>6/11/2021</u>

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 3 of 7

ESTABLISHMENT NAME <u>CHINESE</u> <u>SPRING KITCHEN II</u>	LOCATION (Address) <u>SEE PAGE 1</u>
INSPECTION DATE <u>6.11.2021</u>	SANITARY PERMIT NO. <u>206702712</u>
PERMIT HOLDER <u>SEE PAGE 1</u>	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

20.	VARIOUS PHF/CS FOODS NOT MEETING PROPER INTERNAL TEMPERATURE OF 41°F AND BELOW. (SEE TEMP. OBSERVATION ON PAGE 2.) ALL PHF/CS FOODS SHALL BE COLD HELD AT 41°F AND BELOW TO PREVENT GROWTH OF PATHOGENS.	N/A
21.	NONE OF THE PHF PHF/CS FOODS IN ANY OF THE CHILLERS HAD DATE MARKING LABELS. PHF/CS FOODS PREPARED MORE THAN 24 HOURS SHALL BE PROPERLY DATE-MARKED TO ENSURE TIMELY DISPOSITION OF FOODS AND TO PREVENT GROWTH OF PATHOGENS THAT MAY CAUSE FOOD BORNE ILLNESS.	N/A
32	SLABS OF RAW PORK BEING THAWED AT ROOM TEMPERATURE. PHF/CS FOODS SHALL BE THAWED USING APPROVED METHODS TO PREVENT GROWTH OF PATHOGENS OR TOXIN FORMATION.	N/A
33.	THERMOMETERS NOT PROVIDED IN ALL CHILLERS, SOME ARE INACCURATE. THERMOMETERS SHALL BE PROVIDED, PROPERLY CALIBRATED, AND USED TO ENSURE TEMPERATURES ARE ACTIVELY BEING MONITORED AND PROPER TEMPERATURES ARE MAINTAINED.	N/A
3A	FOOD IN CHILLERS/ ^{FREEZERS} NOT LABELED. FOODS REMOVED FROM ORIGINAL CONTAINERS/PACKAGING SHALL BE PROPERLY LABELED W/ THE COMMON NAME OF THE FOOD TO FACILITATE PROPER IDENTIFICATION	N/A

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <u>TERESA ANGELIAN</u>	Date: <u>06-11-2021</u>
DEH Inspector (Print and Sign) <u>T-SHIMIZU</u>	Date: <u>6/11/2021</u>

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 4 of 7

ESTABLISHMENT NAME SPRING KITCHEN II		LOCATION (Address) SEE PAGE 1
INSPECTION DATE 6/11/2021	SANITARY PERMIT NO. 200702712	PERMIT HOLDER SEE PAGE 1

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

35.	<p>FRASS EVIDENCE OF ROACH ACTIVITY OBSERVED. FRASS BEHIND STEEL PLATES BEHIND WAREWASHING SINK. ROACHES OF VARIOUS SIZES, BOTH DEAD AND ALIVE OBSERVED ON GROUND IN DRY STORAGE. DEAD ROACH FOUND INSIDE UPRIGHT CHILLER IN KITCHEN. BASED ON THESE OBSERVATIONS AND EVIDENCE IT APPEARS THERE IS AN ACTIVE COCKROACH INFESTATION IN THE ESTABLISHMENT WHICH CONSTITUTES AN IMMINENT HEALTH HAZARD.</p> <p>PESTS SHALL → PESTS SHALL BE CONTROLLED, AND ALL OUTER OPENINGS AND OTHER OPENINGS SHALL BE SEALED TO PREVENT ACCESSIBILITY OF PESTS AND THE CONTAMINATION OF FOODS AND CLEAN EQUIPMENT.</p>	N/A
36.	<p>FOOD ITEMS STORED DIRECTLY ON THE FLOOR IN PRIVATE DINING ROOM USED AS STORAGE. FOOD PRODUCTS SHALL BE STORED AT LEAST SIX INCHES ABOVE THE FLOOR TO PREVENT CROSS-CONTAMINATION AND TO FACILITATE REGULAR CLEANING OF FLOORS.</p>	N/A
42	<p>SINGLE USE SERVICE ARTICLES STORED DIRECTLY ON THE FLOOR. ALL SINGLE USE ITEMS SHALL BE PROPERLY STORED TO PREVENT CROSS-CONTAMINATION.</p>	N/A

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) PETER PANGELMAN	Date: 06-11-2021
DEH Inspector (Print and Sign) J. CARU2 13 R40	Date: 6/11/2021

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 57 of

ESTABLISHMENT NAME SPRING CHINESE KITCHEN II		LOCATION (Address) SEE PAGE 1
INSPECTION DATE 12/11/2021	SANITARY PERMIT NO. 200702712	PERMIT HOLDER SEE PAGE 1

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

44	FOOD AND NON FOOD CONTACT SURFACES NOT PROPERLY CONSTRUCTED OR MADE EASILY CLEANABLE — BARE WOOD SHELVING THROUGHOUT ESTABLISHMENT. TILES IN KITCHEN CRACKED AND ALLOWING ACCUMULATION OF WATER / GREASE & FOOD PARTICLES. ACCUMULATION OF GREASE IN VENTS. FOOD AND NON FOOD CONTACT SURFACES SHALL BE MADE EASILY CLEANABLE TO PREVENT CROSS CONTAMINATION AND PROMOTE OVERALL SANITATION.	N/A
47	^{IS} WATER NOT HANDWASHING SINK IN ^{REAR} KITCHEN NOT SUPPLIED WITH HOT WATER OR ADEQUATE PRESSURE. HOT WATER AND ADEQUATE PRESSURE SHALL BE SUPPLIED TO HANDWASHING SINK TO PROMOTE PROPER HAND HYGIENE & PREVENT CROSS CONTAMINATION.	N/A
51	PILES OF CARDBOARD REFUSE IN BACK OUTSIDE STORAGE. REFUSE SHALL BE PROPERLY DISPOSED TO PROMOTE OVERALL SANITATION AND PREVENT ATTRACTION OF PESTS.	N/A
52	STAINS AND ^{IS} VARIOUS METAL SHEETING SEAMS NOT SEALED IN THE WAREWASHING AREA. CRACKS IN FLOOR TILES, STAINS AND GREASE ACCUMULATION ON WALLS IN KITCHEN, ACCUMULATION OF UNNECESSARY BROKEN EQUIPMENT. PHYSICAL FACILITIES SHALL BE MAINTAINED AND CLEANED AS OFTEN AS NECESSARY TO MINIMIZE THE ATTRACTION OF PESTS AND PROMOTE OVERALL SANITATION OF THE ESTABLISHMENT.	N/A

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) J. CRUZ	Date: 06/11/2021
DEH Inspector (Print and Sign) J. CRUZ	Date: 6/11/2021

(DPHSS)

Food Establishment Inspection Report

Page 6 of 7

ESTABLISHMENT NAME SPRING CHINESE KITCHEN II		LOCATION (Address) SEE PAGE 1
INSPECTION DATE 6/11/2021	SANITARY PERMIT NO. 200702712	PERMIT HOLDER SEE PAGE 1

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

PHOTOS AND VIDEOS OF VIOLATIONS TAKEN.

"A" PLACARD NO. 03281 REMOVED.

"D" PLACARD NO. 00771 POSTED, NOTICE OF CLOSURE POSTED AT FRONT DOOR.

ISSUED NOTICE OF CLOSURE LETTER AND RE-INSPECTION REQUEST FORM PROVIDED, AND VERBALLY PROVIDED INSTRUCTION ON COMPLETION.

A \$100 REINSTATEMENT FEE SHALL BE PAID TO DPHSS UPON THE SUCCESSFUL COMPLETION OF A FOLLOW UP INSPECTION, INCLUDING ALL ADDITIONAL REQUIREMENTS MENTIONED ON PAGE 7 OF THIS REPORT.

DISCUSSED REPORT W/ PERSON IN CHARGE INCLUDING THE ADDITIONAL REQUIREMENTS ON PAGE 7.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)
TERESA ANGELINAN

Date: 06/11/2021

DEH Inspector (Print and Sign)
J. CRUZ (EPH) / T. SHIMRUP EPH I

Date:

Department of Public Health and Social Services (DPHSS)
Division of Environmental Health (DEH)

Food Establishment Inspection Report

Page 7 of 7

ESTABLISHMENT NAME SPRING CHINESE KITCHEN 11		LOCATION (Address) LOT 7015-3-1; UNIT 3 708 CHALAN PALE 298 CHALAN PALE RAMON NAYA YIGG, GUAM	
INSPECTION DATE 6/11/21	SANITARY PERMIT NO. 2007 02712	PERMIT HOLDER SPRING'S CHINESE KITCHEN INC.	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

Based on observations and evidence, it appears that there is an active cockroach infestation in the establishment, which constitutes an imminent health hazard. Per the GFC, an imminent health hazard is a significant threat or danger to public health that exists when there is evidence sufficient to show that a product, circumstance, or event creates a situation that requires immediate correction or cessation of operation to prevent injury.

The establishment's Sanitary Permit is hereby suspended until all cited violations have been corrected and the following additional requirements, pursuant to GFC Section 8-102.10, to address the pest infestation are met:

1. Written documentation to be submitted daily to DPHSS-DEH from the establishment's primary pest control company (PCC) regarding each of the services provided, which **MUST INCLUDE**, but not limited to, the following:

- A. Name of pesticide used;
- B. Number of baits, traps, and other methods used;
- C. Location of application; and
- D. Observations of each service conducted.

2. A written cleaning schedule from the establishment that indicates the following:

- A. Areas that will be cleaned and sanitized;
- B. How it will be cleaned and sanitized; and
- C. The frequency or how often it will be done.

3. Seal all openings of the establishment to prevent the entrance and travel of the pest.

4. Remove or prevent any access to food and/or water:

- A. Food that is not bottled or canned must be placed in containers prior to storage or when not in use; and
- B. Place food-contact utensils and equipment in containers prior to storage or when not in use.

5. Sanitize all hard surfaces and food-contact surfaces daily in food preparation areas prior to operation.

An official follow-up inspection **WILL NOT BE CONDUCTED** until the establishment can provide **three-consecutive days of no activity** observed from their PCC, and/or by DPHSS-DEH, and all violations cited and additional requirements stated above are met.

An assessment may be conducted by DPHSS-DEH, or requested by the establishment, and will be scheduled and conducted at the inspector's earliest available schedule.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in this notice for corrections.

Person in Charge (Print and Sign)

PETER ANGELINAN *[Signature]*

Date: **06-11-2021**

DEH Inspector (Print and Sign)

J. CRUZ *[Signature]*

Date: **6/11/21**



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'ATHAGA'

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LAHI

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



ARTHUR U. SAN AGUSTIN, MHR
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

**COMPLIANCE CHECKLIST FOR RESTAURANTS, BARS, TAVERNS,
AND EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-27 THROUGH 2020-41 AND 2020-43
THROUGH 2020-46, 2021, AND 2021-03 THROUGH 2021-04, AND THIS DOCUMENT.**

SPRING CHINESE KITCHEN II

Name of Establishment: SPRING'S CHINESE KITCHEN II Company Name: SPRING'S CHINESE KITCHEN INC.
Location: LOT 7010-3-1, UNITS 7 & 8 CHALAN MALE
298 CHALAN PALE RAMIN HAYPA Y160, GUAM

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	Messaging and Information			
1	Has a written policy and procedures for COVID-19 prevention and control measures		Yes	No
2	Posted signage for employees and patrons on good hygiene and sanitation practices in highly visible location		Yes	No
3	Posted signs requiring the proper wearing of face mask by employees, vendors, and customers		Yes	No
4	Posted at least one poster that promotes behaviors that prevent the spread of COVID-19 in the establishment		Yes	No
5	Require customers and vendors to sign-in a visitor log book prior to entry and		Yes	No
6	Retain the visitor log sheet for a period of 30 days from the date of service		Yes	No
	Mask			
7	Require the wearing of face mask by all employees, vendors, and customers		Yes	No
8	Require customers to wear masks when not actively eating or drinking		Yes	No
	Physical Distancing			
9	Operates at no more than the authorized occupancy rate; not exceeding the authorized number of persons per table per party		Yes	No
10	Provide physical guides, such as tape on floors or sidewalks and signage, to ensure that individuals remain at least 6 feet apart		Yes	No
11	Maintain 6 feet distance		Yes	No
12	Removed barstools at the bar or other locations where drinks are made and served unless the bar can maintain 6 feet between the bartender(s) and customers while ordering	N/A	Yes	No
13	Require customers to remain seated at all times in their assigned chairs or remain in their standing area		Yes	No
14	Require customers to wear face masks when speaking with employees		Yes	No
15	The use of ballrooms complies with the following conditions:	N/A	Yes	No

	<p>a. Meetings, trainings, testing certifications and credentialing, and other professional development gatherings, does not exceed 50% of the occupant load, 6 feet social distancing is maintained, and there is no serving of any food</p> <p>b. Restricted to a single public or private reservation to celebrate functions not exceeding 25 guests</p>	N/A	
16	Minimum of 6 feet and installation of a physical barrier (i.e., Plexiglass) with a top horizontal edge height of at least 6 feet above the stage floor between musicians and customers when live music is provided	N/A	Yes No
17	<p>Ensure the following preventative measures are taken for karaoke singing:</p> <p>a. Disposable microphone covers are used to completely cover the microphone between each use;</p> <p>b. Disposable microphone covers are properly disposed of in a waste receptacle that is within reach by customers;</p> <p>c. Microphone properly cleaned and disinfected between each use;</p> <p>d. Only one singer is allowed to sing at a time;</p> <p>e. Face masks are worn at all times while singing; and</p> <p>f. No more than 6 people are permitted per party per private room</p>	N/A	Yes No
18	Prohibit the use of dance floor	N/A	Yes No
19	<p>For bars or taverns with limited tables and chairs:</p> <p>a. Customers standing in a designated area not exceeding 6 persons per party for indoor, and not exceeding 15 persons per party for outdoor</p> <p>b. Separated 6 feet apart from other parties</p> <p>c. Established a dedicated ordering area where customers can maintain a distance of 6 feet, or orders are accepted by servers while customers remain seated</p>	N/A	Yes No
	Employee Health and Hygiene		
20	Provide hand-sanitizers or stations at the entrance and throughout the establishment		<input checked="" type="checkbox"/> Yes No
21	Require every employee to properly wash hands before, during, and after work		<input checked="" type="checkbox"/> Yes No
22	Ensure the availability of adequate cleaning supplies (e.g., paper towels, tissues, disinfectant wipes, masks).		<input checked="" type="checkbox"/> Yes No
23	Provide hand sanitizer that contains at least 60% alcohol to employees and customers, if handwashing is not readily available		<input checked="" type="checkbox"/> Yes No
	Cleaning and Disinfection		
24	Clean and disinfect highly touched surfaces AND shared objects between each use		<input checked="" type="checkbox"/> Yes No
25	Clean and disinfect table condiment containers, tables, chairs, and other commonly touched areas between seating.		<input checked="" type="checkbox"/> Yes No
26	Eliminate table presets, such self-service items (e.g., napkins, utensils, glassware, condiment containers)		<input checked="" type="checkbox"/> Yes No
27	Regularly disinfect liquor bottles, pour stations, taps, ice scoops, and other touched surfaces, and use disposable, single cups, if feasible		<input checked="" type="checkbox"/> Yes No
28	Developed a schedule for increased routine cleaning and disinfection		<input checked="" type="checkbox"/> Yes No
29	Use cleaning and disinfection products that meet EPA disinfection criteria and that are appropriate for the surface		<input checked="" type="checkbox"/> Yes No

30	Disinfect game machines, pool tables, dart boards, supplies associated with the game, and other areas that have high-touch surfaces after each use. In addition: a. Access to the amusement device/materials is controlled by the establishment b. Use of game machine and equipment is by reservation c. No more than 6 persons allowed to participate in any game. d. A written record of the use of game machine and equipment maintained, which provides the information outlined in the guidance and readily available to DPHSS, when requested, and retained for 30 days	N/A	Yes	No
31	Use menus that are non-porous and must be disinfected between use, unless electronic menus or other means are used, such as menu board or QR code to access online menu. When paper menus are used, it is for single use only and discarded after use		Yes	No
32	Provide and maintain an adequate supply of cleaning and disinfection products for both employees and patrons for use		Yes	No
Ventilation				
33	Check filters of ventilation devices to ensure they are within service life and appropriately installed and maintained		Yes	No
34	Take appropriate steps to minimize air from fans blowing from one person directly to another individual if fans are used in the establishment		Yes	No
Communal Spaces				
35	Stagger employee use of shared spaces (e.g., break rooms) and require mask use at all times, except for actively eating, drinking, or smoking in designated areas		Yes	No
36	Limit any sharing of food, tools, equipment, or supplies by staff members		Yes	No
37	Limit the number of people in shared spaces at one time and ensure necessary social distancing is practiced		Yes	No
38	Disinfect the shared space after each use		Yes	No
Health and Safety of Employees and Guests				
39	Educate and communicate with employees regarding symptoms, protocols for reporting to work, and procedures should they come into close contact with a person under investigation with COVID-19		Yes	No
40	Contact DPHSS should an employee or employees test positive for COVID-19 for contact tracing		Yes	No
41	Train all employees in COVID-19 safety actions (e.g., social distancing, use of face masks, hand washing, cleaning and disinfecting)		Yes	No

RECEIVED BY (Name and Title) <i>PETER PANGELIAN DEH</i>	DATE 06/11/21
DEH INSPECTOR (Name and Title) <i>J. CHOI EPHOI / T. SHIMIZO EPHOI</i>	DATE 6/11/21